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The study of juveniles as sexual offenders is relatively new. The purpose of this project is to evaluate existing data as it relates to juveniles who commit sexual crimes; specifically, why they offend, who they target, and which methods work best to reduce the rate of recidivism. Critical analysis of data demonstrates that juvenile sexual offenders abuse for a myriad of reasons, ranging from social to biological factors. Empirical research demonstrates that juveniles who are subjected to a multidisciplinary approach of treatment in youth-oriented programs are less likely to become repeat offenders than those who are placed in adult prisons.

Keywords: juveniles, sexual offenders, youth crime

Much research has been devoted to adult sexual offenders within the U.S. and throughout other nations (Knight & Sims-Knight, 2004). It has not been until the past decade or two, however, that the need to focus upon juvenile sexual offenders has come to the forefront of the criminal justice system (Gerardin & Thibaut, 2004). The lack of focus on juvenile sex offenders has been due largely to the fact that many people have viewed juvenile sexual behaviors as exploratory rather than predatory in nature (Gerardin & Thibaut, 2004). Juvenile sexual offenders' actions have also been attributed to drug use or behavioral disorders and have historically been excused as being a symptom of a larger issue (Gerardin & Thibaut, 2004). Even in instances where the behavior of a juvenile was obviously sexual and criminal, many in society have been reluctant to label an adolescent a sexual offender (Ryan, Lane, Davis, & Isaac, 1987). Family, clinicians, and communities have long chosen to disregard early warning signs, have downplayed abusive behaviors, and have denied the deviant nature of sexually aggressive teenagers (Ryan et al., 1987). Only recently has the term "juvenile sexual offender" been defined as "a youth who commits any sexual act with a person of any age, against the victim's will, or in an aggressive, exploitive, or threatening manner" (Gerardin & Thibaut, 2004, p. 80).

A shift in focus onto juvenile sexual offenders stems largely from the emergence of cultural awareness of the detriments of victimization, along with which has come a more accepting attitude of victims and an encouragement to report offenses (Gerardin & Thibaut, 2004). Despite the fact that too often victims are still blamed for the sexual crimes committed against them, society as a whole is more informed regarding the nature of sexual offenses, and overall, understands the importance of those who have been victimized reporting the crime. With this has come an increase in reporting of juvenile-related sexual crimes and the awareness that youth commit more sexually-motivated crimes than previously believed. For example, between the years 1983 and 1992, the state of Utah showed an increase of 834% in sexual crimes reportedly perpetrated by juveniles (Gerardin & Thibaut, 2004). Similar increases are reflected at the national level. A recent analysis by the Associated Press found that on a national level, "the number of children under 18 accused of forcible rape, violent and nonviolent sex offenses rose from 24,100 in 1985 to 33,800 in 2004" (2007). Attempted rape and sexual assault constituted "violent offenses" in the Associated Press's analysis, and they used fondling, statutory rape, and prostitution to define nonviolent offenses (2007).

Despite the rise in reported offenses, it is imperative to understand that the number of reported cases represent only a fraction of actual offenses (Gerardin & Thibaut, 2004). Overall, sexual crimes are underreported; sexual crimes committed by youth are even less likely to be brought to the attention of the criminal justice system. For example, sexual crimes committed by juveniles are typically perpetrated against other juveniles, who are less likely to report the incident (Gerardin & Thibaut, 2004). Assault by a juvenile offender is also more likely to be treated as a youthful indiscretion as opposed to a crime, which may make adults involved less likely to report the assault to the police. However, recent estimates suggest that juvenile sexual offenders may account for as many as one-fifth of rapes in the U.S., as well as one-half of the cases involving child molestation (Gerardin & Thibaut, 2004).

Given the number of juvenile sexual offenses that occur in the United States and their reported rise over the past two decades, it is important to assess existing research and continue to evaluate the reasons that certain juveniles offend, remain aware of the types of crimes they commit, and ascertain the role the U.S. criminal justice system can play in incapacitating more serious delinquents, determining appropriate punishment for crimes, as well as treating at-risk youth to reduce the risk of recidivism.

Characteristics of Juvenile Sexual Offenders

Like most other groups of offenders, juvenile sexual offenders are not a homogenous group (Righthand & Welch,

2004). Factors such as gender, history, biological issues, familial situations, and social influences all play a role in a child's development and behavioral patterns (Righthand & Welch, 2004). Juveniles who sexually offend have a varied combination of these factors which interplay with one another to create an individual who feels the need, and believes it is acceptable, to sexually assault another person.

Juvenile sexual offenders often exhibit certain personality characteristics, which can include poor social skills, obsessive self-absorption, manipulative and disruptive behavior, as well as lack of motivation in school (Nelson, 2007). Many offenders suffer from low self-esteem and lack impulse control; they often harbor deep fears of rejection; and they may feel extremely inadequate and believe that they easily let down others whether they are family members, teachers, or friends (Nelson, 2007). Although they may not be forthright with these emotions, and may not even be aware that they have them, quite often they are in place beneath the surface and subconsciously impacting the offender's thoughts and actions (Nelson, 2007). Lack of awareness, denial, or burial of these kinds of emotions often lead to depression, substance abuse, social phobias, as well as adjustment disorders, all of which can contribute to the larger issue of antisocial behavior (Nelson, 2007).

In particular, male juvenile sex offenders are more likely to hide or bury their feelings because they feel they are expected to be tough and fear being ridiculed or shamed for expressing themselves (Righthand & Welch, 2004). Their histories of unstable emotions, families, and social norms can lead them to feel exaggerated anger towards others, in particular women (Nelson, 2007). Inappropriate early exposure adult behavior is not uncommon in juveniles who sexually offend; often they have viewed dominance, intimidation, and aggression in ways that are unsuitable for children (Nelson, 2007). Because they lack the maturity to process many of the things to which they've been exposed, they become incapable of learning how to make age-appropriate choices. This impacts their behavior not only in the home, but in school and social settings as well (Nelson, 2007).

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It is not uncommon for juvenile sexual offenders to have been exposed to inappropriate sexual imagery, such as pornography, at a young age (Miranda, Biegler, Davis, Frevert, & Taylor, 2001). One study found that on average, juvenile sex offenders were exposed to pornography around the age of seven (Waite, et al., 2005). Coupled with having experienced dominant and aggressive behaviors from the adults in their lives, this often culminates in atypical, exaggerated, and hostile erotic fantasies, particularly in males (Nelson, 2007). This can lead to skewed ideas as to what constitutes normal, healthy relationships—offenders form value systems that are based upon inaccurate information, twisted beliefs, and abnormal attitudes (Nelson, 2007). Because they are exposed to dysfunctional families and anomalous perceptions of sexuality, they internalize what they perceive to be as "normal" and proceed to act upon those emotions and exhibit behaviors accordingly (Ryan et al., 1987).

As with all juveniles who sexually offend, female juveniles who commit sexual crimes are not a homogenous group (Roe-Sepowitz & Krysik, 2008). Estimates on how many female juvenile sexual offenders exist are not thought to be highly accurate due to the fact that male juvenile sexual offenders typically receive more attention (Roe-Sepowitz & Krysik, 2008). As with male juvenile sexual offenders, female offenses often go unreported (Roe-Sepowitz & Krysik, 2008), and because there is a double standard in society regarding young women and sexuality, even fewer cases may be reported (Vick, McRoy, & Mathews, 2002). Therefore, the suggestion that, "as a proportion of all juvenile sex offenders, females constitute between 5% and 10%," is a very rough estimate (Roe-Sepowitz & Krysik, 2008, p. 405). Because juvenile sexual offending is an area that is not well studied to begin with, female juvenile offenders receive even less attention; in the criminal justice system, they are often grouped with other female delinquents and typically do not receive assessment and treatment that is appropriate to their individual needs (Roe-Sepowitz & Krysik, 2008).

ENVIRONMENTAL FACTORS

Family environment seems to be "a fundamental influence in the development of sexual offenses" (Nelson, 2007, p. 8). The majority of juveniles who sexually offend come from chaotic, disorganized environments in which there was little adult supervision (Hendriks & Bijleveld, 2008). One report found that almost half of adolescent female sex offenders come from single-parent families and received very little parental support (Hendriks & Bijleveld, 2008). Substance abuse is often high in this group of offenders, particularly given their young age, and nearly 9% in one study reported chronic, as opposed to intermittent, drug abuse among female juvenile offenders (Roe-Sepowitz & Krysik, 2008). Many of the offenders have had issues with school related to tardiness, suspension, and dropping out, and a surprisingly high number were indicated for special education classes (Roe-Sepowitz & Krysik, 2008).

Not only do juveniles who sexually offend typically grow up in unstable environments, but a large portion of them were subjected to abuse themselves; this means that not only do they come from dysfunctional families where emotional neglect is the norm, most juvenile offenders have been subjected to physical, verbal, and/or sexual abuse as well (Hendriks & Bijleveld, 2008). While childhood abuse does not automatically indicate a propensity for the victim to become an offender, there is "considerable evidence that sexual abuse is a risk factor in

sexually coercive behavior" (Knight & Sims-Knight, 2004, p. 36). It is estimated that anywhere from 19 to 80% of juveniles who sexually offend have, themselves, experienced sexual abuse, usually by someone in their immediate or extended family, a teacher, coach, or other trusted adult (Hendriks & Bijleveld, 2008).

In an effort to determine the manner in which past maltreatment acts as a predictor for juvenile male sexual aggression, researchers Knight & Sims-Knight (2004) conducted a study on latent traits on juvenile sexual offenders. Knight & Sims-Knight (2004) found that there are three pathways that begin with a juvenile being abused and end with the juvenile becoming an abuser. The first path is one that begins with physical/verbal abuse, which leads to antisocial behavior/aggression and ends with sexual coercion; the second path begins with physical/verbal abuse, which then leads to callousness/emotional traits, which leads to aggressive sexual fantasy, and ends in sexual coercion; and the third path begins with sexual abuse, then goes onto sexual fantasy, which moves into aggressive sexual fantasy, and ends with sexual coercion. Although these findings cannot be labeled as definite tests of causality, they do offer some insight into the correlation between juveniles who are abused and then go on to become sexual offenders (Knight& Sims-Knight, 2004).

BIOLOGICAL FACTORS

Juveniles who sexually offend are not only influenced by their environment, but by biological factors as well. Emerging research indicates that some individuals may be genetically predisposed to reacting to their environment in one way, while others are genetically predisposed to react in a different way (Wright & Beaver, 2005). Therefore, of two children raised in the same abusive familial environment, one juvenile may become a sexual offender and the other might not. Many genetic factors play off of one another in an abusive household—parents interact with each other and their children based upon their genetic make-up, and children can even influence the way their parents treat them due to traits that are already in place at birth (Wright & Beaver, 2005). The interaction between parents and children is much more complicated and dynamic than previously thought; these relationships ultimately affect a child's ability to cope with a dysfunctional family life, their ability to monitor self-control, and impact future relationships in potentially negative ways (Wright & Beaver, 2005).

Hormones are another biological aspect that can greatly impact the likelihood of offending (Wright & Beaver, 2005). All other issues aside, testosterone, 95% of which is produced in the testes, plays a major role in the development of male characteristics as well as in sexuality and aggression (Sapolsky, 1998). This indicates that males are more prone to sexually aggressive behavior than females based upon factors in place before they are even born.

The presence of testosterone alone does not indicate that a human being will be aggressive; it is only one factor in determining what makes a person violent (Sapolsky, 1998). However, it is an important aspect of the species, particularly when it interplays with environmental and social factors (Sapolsky, 1998). The vast majority of juvenile males do not sexually offend, and not all who have been victimized go on to perpetuate their abuse onto others (Knight & Sims-Knight, 2004). However, statistics show that the bulk of sexual offenses, including those committed by juveniles, are perpetuated by males (Knight & Sims-Knight, 2004). Therefore, it remains important that levels of testosterone be studied and considered when evaluating juvenile sex offenders for treatment options.

COGNITVIE ABILITY ISSUES

Juveniles with intellectual disabilities who sexually offend present additional circumstances which can make treatment more difficult (Gerardin & Thibaut, 2004). Historically, sexually offensive behavior from juveniles with intellectual disabilities has been either dismissed or dealt with inappropriately for several reasons (Gerardin & Thibaut, 2004).

There is often a stigma attached to juveniles with intellectual disabilities in regard to their sexuality (Gardner & Griffiths, 2004). Because boundaries are frequently more challenging to clarify with juveniles who have intellectual disabilities than with typical children, or because adults may not understand how to correctly address the issue of sex with them, inappropriate sexual behavior sometimes takes place that is not properly explained and corrected (Gardner & Griffiths, 2004). This can lead to a cycle of behavior in which a juvenile with an intellectual disability perpetuates and eventually escalates unsuitable sexual activity because he or she does not understand it is wrong (Gardner & Griffiths, 2004).

Juveniles with intellectual disabilities have routinely been absolved of their behavior based upon their low cognitive ability (Gardner & Griffiths, 2004). Throughout history, many juveniles with intellectual disabilities have been considered dangerous and were considered a drain upon society. Any sexual activity by these individuals was treated as wrong and unsafe; reactions to their behavior were taken so far as to sterilize juveniles as they reached adulthood to ensure they did not procreate (Gardner & Griffiths, 2004). Today, many of the ideas regarding sexuality and people with intellectual disabilities remain, and too often, such individuals are denied basic sex education as well as access to responsible, loving, sexual relationships (Gardner & Griffiths, 2004). Sexual behavior is often punished, or treated as being dirty, which can result in sexual aggression (Gardner & Griffiths, 2004).

Conversely, when some juveniles with intellectual disabilities act sexually inappropriate, their caregivers might excuse their actions based upon the assumption that it is the disability causing the behavior and it should not be corrected (Gardner & Griffiths, 2004). Caregivers may see their charge as a perpetual child and rather than judge them on their actual cognitive abilities, they feel that mental age precludes the juvenile from being a sexual individual (Gardner & Griffiths, 2004). They neglect the physical changes and needs of their charge, or they fail to guide the charge regarding healthy relationships (Gardner & Griffiths, 2004). When is it assumed that a juvenile with an intellectual disability is not capable of understanding sex and the boundaries of others, it can set the stage for offensive behavior (Gardner & Griffiths, 2004).

The reality is that juveniles with intellectual disabilities are no more destined to sexually offend based upon the presence of their disability than they are to be criminals (Gardner &

Griffiths, 2004). An intellectual disability doesn't make a person a criminal or a sexual offender, nor does it mean they cannot grow into happy adults capable of healthy sexual relationships with boundaries. As with non-disabled juveniles who sexually offend, they are generally apt to engage in deviant behavior because of a combination of several factors, not based upon their disability alone.

The Victims of Juvenile Sexual Offenders

Juveniles who are sexually aggressive exhibit behaviors such as obsessive masturbation, voyeurism, and exhibitionism (Miranda et al., 2001). Their drive to victimize others can manifest itself in a number of ways, such as fondling; oral sex; vaginal and/or anal penetration with fingers, inanimate objects, or penis; and/or inappropriate exposure to pornography (Miranda et al., 2001). In an effort to hide their abusive actions—not only to prevent being caught, but so they can continue to abuse—sexually abusive juveniles may threaten or bribe their victims, or use guilt as a means of ensuring their silence (Miranda et al., 2001).

It is estimated that 90% of juvenile sex offenders are male with a median age of 14 to 15 years old (Gerardin & Thibaut, 2004). More than 60% of contact offenses involve penetration, and sexual aggression has been found in males as young as three years-old, with the typical age of onset between the ages of six and nine years (Gerardin & Thibaut, 2004). Juvenile males who sexually offend have a tendency to fall into two categories regarding those whom they choose to victimize (Gerardin & Thibaut, 2004). The first category consists of juveniles who assault their peers or adults (Gerardin & Thibaut, 2004). These offenders tend to victimize females and strangers and they generally commit their crimes in public areas (Gerardin & Thibaut, 2004). For example, an estimated 15% of sexual crimes by juveniles occur in the school setting; this category of offender is generally more aggressive and is therefore less inhibited in regard to targeting victims (Gerardin & Thibaut, 2004). Youth in this category are more likely to have a history of non-sexual offenses, suffer from conduct disorders, and exhibit early and consistent antisocial behavior (Gerardin & Thibaut, 2004).

The second category is comprised of offenders who target children younger than themselves (Gerardin & Thibaut, 2004). Offenders in this group generally prefer male victims, are more likely to know the child they assault, and tend to commit their crimes in a home setting, e.g., the victim's home, the offender's home, or day care (Gerardin & Thibaut, 2004). The mean age for victims in this second category is seven to eight years of age, with the majority of them being siblings or a close relative of the offender's (Gerardin & Thibaut, 2004). In fact, in 90% of cases within this group, the victim and the offender know each other well (Gerardin & Thibaut, 2004).

Females who sexually offend do not generally prefer their victims to be one gender over another, and they are typically younger than males at the time of their first arrest for sexual assault (Vandiver, 2006). Data indicates the majority of female offenders abused one victim, with gender of those the victims fairly evenly split between male and female (Hendriks & Bijleveld, 2008). Of the smaller percentage of female offenders with more than one victim, again, they were close to half being male and half being female (Hendriks & Bijleveld, 2008). Less than half of female offenders chose victims more than five years younger than them; almost a quarter chose victims between one to four years younger than them; nearly another quarter chose victims their same age; and only four percent victimized someone older than themselves (Roe-Sepowitz & Krysik, 2008).

Victimization of strangers by female juvenile sexual offenders is extremely rare. Current data indicates that the most commonly reported victimization by females is against a sibling, a group that includes half-siblings, step-siblings, as well as foster siblings (Roe-Sepowitz & Krysik, 2008). The second most common reported group is that of relatives, which is closely followed by children for whom the female juvenile offender babysits (Roe-Sepowitz & Krysik, 2008). Neighbors, classmates, and friends make up the remainder of those who are typically victimized by female juvenile sexual offenders (Roe-Sepowitz & Krysik, 2008).

As of 2008, only 10 studies had been published on female juvenile sex offenders (Hendriks & Bijleveld, 2008). It is possible that both society and professionals have difficulty accepting the fact that female juveniles can be capable of such behavior (Hendriks & Bijleveld, 2008). Another possibility, however, ties in with the male's role within society—it may be likely that many crimes committed by girls and young women are not reported because they are committed against males, who have additional hurdles to cross when admitting abuse (Hendriks & Bijleveld, 2008). The common social view is that males dominate sexually; therefore, when young males are abused, they may be less likely to come forward to seek assistance, or their parents may be less likely to believe them, particularly when the abuse has been perpetuated by a young female (Hendriks & Bijleveld, 2008).

Role of the Criminal Justice System

PROTECTION OF VICTIM(S)

Most sexual offenders will, at some point, try to blame their victim for abuse that took place (Salter, 1988). They may contend that the victim looked older than their actual age, or that the victim is the one to initiated sexual advances (Salter, 1988). Juveniles who sexually offend are no different. Because such a large number of offenders have themselves been abused, they have learned to associate sex with affection; therefore, they may skew normal behavior in other children as a way of saying that "they asked for it," or that the victim was a consensual participant in the sexual activity (Salter, 1988). Adolescent males who abuse a younger sibling may shift blame on them by stating that the younger sibling was constantly hugging him or sitting on his lap, looking for attention, i.e., sex. A teen-age female who babysits children younger than herself may feel compelled to sexually abuse them as means of expressing her subverted anger at having been abused herself, or she may put the blame on the children for enticing her by running around the house naked after bathing. Once the lines of love, anger, affection, and sex have been blurred, it becomes difficult for offenders to accept that they are the ones perpetuating criminal behavior; their natural instinct, quite often, is to then blame the

victim (Salter, 1988).

Not only do offenders tend to place blame on the victim, throughout history, most clinicians blamed the victim, as well (Salter, 1988). Some literature exists as recent as the mid-1980's which insinuates that children who have been sexually assaulted are not as innocent as they may seem and in some ways either asked for the attention or at the very least, enjoyed it (Salter, 1988). Consequently, the concept of caring for and treating these young victims seems to often get lost within the scope of the criminal justice system. The focus tends to fall on how to best punish, treat, and rehabilitate juvenile offenders so as not to further destroy their lives, with the hope that they can become a part of society as a more "normal" person. But what obligation, if any, does the system have to the victims of juvenile sexual offenders?

First and foremost, the criminal justice system has an obligation to protect a child who has been victimized by a juvenile offender from any further harm. This may involve removing the victim from their home, or having siblings or relatives removed so that no further contact can take place (Salter, 1988). Parents who have learned about their child being abused may react in any number of ways; if they express anger or if there is talk of revenge against the juvenile offender, the criminal justice system may need to intervene in an effort to spare the victim from further distress (Salter, 1988).

It is imperative that the victim not be further traumatized by having their experience minimized by those who work within the system (Salter, 1988). Too often adults dismiss or downplay the ordeals that children have suffered; yes, they are resilient, but they are also easily frightened and impressionable (Salter, 1988). A child who has been victimized by another juvenile will most likely be experiencing confusion, low-self-esteem, fear, and perhaps even concern over what is going to happen to their abuser (Salter, 1988). Because so many juvenile offenders choose relatives or children who are close to their family as victims, it is not abnormal for a victim to care about his or her abuser; therefore, the criminal justice system must understand that under any and all circumstances, sexual abuse is harmful to a child, at no time should the victim ever be made to feel as if he or she is to blame (Salter, 1988). The system should act in a protective manner in an effort to make the victim feel safe as well as seeing to it that the victim, as well as the offender, is put in contact with proper resources for treatment (Salter, 1988).

PUNISHMENT OF OFFENDER

Many issues surround the concept of punishment of a juvenile sexual offender. Too often, sexually aggressive behavior in minors is excused as normal exploration or a phase out which the adolescent will grow (Salter, 1988). However, given the fact that many adult sexual offenders relate the fact that they committed their first offense as an adolescent, it is important to adequately address sexually inappropriate behavior when it is exhibited by juveniles (Salter, 1988). The earlier a sexually aggressive minor receives intervention, the more likely it is that any patterns of sexually deviant behavior can be broken before they progress too far (Salter, 1988).

Not every juvenile who sexually offends is going to receive punishment, and for those who do, the penalty should be age and crime-appropriate (Ryan et al., 1987). Certainly a 16-year-old male who breaks into a woman's home to brutally rape her for hours on end should be treated differently than an 11-year-old male who exposes his genitals to neighborhood kids. There is a spectrum that exists with sexually aggressive juveniles—certain actions are more violent and destructive than others (Salter, 1988). To punish all juveniles who display sexually inappropriate activities would over-burden the criminal justice system and would serve to either treat extremely sadistic offenders too leniently or less-violent offenders too harshly (which can, in the end, result in them becoming more violent) (Salter, 1988). It is important, then, to address each individual case as it is presented in the criminal justice system. Across-the-board punishment will only impact a small percentage of juvenile offenders (Salter, 1988). The key is assessing each offender, determining his or her needs, weighing those needs against public safety, and assigning punishment and/or treatment in accordance with the findings (Salter, 1988).

JUVENILES' NEEDS

Now that clinicians, the criminal justice system, and society as a whole have begun to recognize and address the serious nature of adolescent sexual offenses, more attention is being paid to research that indicates that the majority of adults incarcerated for sex offenses began committing sexual crimes during their juvenile years (Ryan et al., 1987). Increased awareness of the number of sexually aggressive acts committed by juveniles has brought about interest in observing the patterns of offenders across their life span (Ryan et al., 1987). What longitudinal data is beginning to show is that patterns do indeed exist—that sexual offending is often a cyclical model for abuse (Ryan et al., 1987).

Some experts refer to the etiology of juvenile sex offending as the "sexual assault cycle" (Ryan et al., 1987). When the histories of both adolescent and adult sexual offenders are studied, a high prevalence of sexual victimization during childhood is noted (Ryan et al., 1987). This high occurrence of childhood sexual abuse suggests a "reactive, conditioned, and/or learned behavior pattern", and the "progression from early behaviors reflects the reinforcing pattern in the development and perpetration of sexually abusive behaviors" (Ryan, et al., 1987, p. 386).

Lack of nurturing, betrayal of trust, or loss of parental bonds during infancy or early childhood, in conjunction with abuse, can perpetuate the cycle even further (Ryan et al., 1987). Because these individuals, especially when still minors, are typically acting out their own previous abuse, once they enter the criminal justice system, it is important to address specific needs they may have if there is any hope for ending the "sexual assault cycle" (Ryan, et al., 1987).

The most imminent needs of the juvenile who has sexually offended, once they enter the system, include psychological, social, medical, and cognitive factors. During the intake process, adolescents should be asked not only about abuse they have perpetrated, but also about abuse they have received (Vick, McRoy, & Mathews, 2002). In particular, close attention should be paid to queries regarding sexual abuse, despite the fact that it is very likely the juvenile will deny any has occurred (Vick, et al., 2002). Lack of acknowledgment of abuse during

the early stages of treatment is not unusual; if the adolescent has been abused, he or she may very likely feel unsafe discussing it, they may harbor guilt over it, or they may not even be aware that what they've been subjected to can be labeled as abusive (Vick, et al., 2002). The purpose is to introduce the topic to the juvenile so that it is understood that the issue is open for discussion (Vick, et al., 2002).

Clinicians and others within the system need to be properly trained to understand the needs of juvenile sexual offenders (Vick, et al., 2002). Few offenders are open about abuses they've perpetrated initially, and until they feel safe, they will most likely continue to deny the fact that they've acted inappropriately (Vick, et al., 2002). As these juveniles enter the system, boundaries need to be clear, especially regarding sexuality (Vick, et al., 2002). A juvenile who has abused and been abused typically has abnormal views regarding affection and sex (Ryan et al., 1987). Therefore, they can be even further psychologically and emotionally damaged by being put in a position where they can be abused again; therapists, case workers, officers of the law, and other representatives within the system need to clearly understand the precarious mental state of these juveniles in which one word or action can be misinterpreted by the adolescent (Vick, et al., 2002).

A juvenile sexual offender may have medical issues that need to be addressed, as well. Because a fair amount juveniles who sexually offend suffer from mental health disorders, evaluation needs to include the possible necessity for drugs to help with ADD, ADHD, depression, bi-polar disorder, PTSD, and any other number of psychological disorders (Ryan et al., 1987). Also, if the juvenile has physical signs of abuse, those need to be addressed in a manner that does not further traumatize the adolescent. Physical and psychological factors must be handled by personnel in a way that does not diminish what the juvenile has experienced or further degrade their dignity (Ryan et al., 1987).

Many juvenile sex offenders lack social adequate social skills—often they have low self-esteem and lack self-awareness (Ryan et al., 1987). They may be introverted, have a negative self-image, feel isolated, expect rejection, or easily get lost in fantasies rooted in rage, fear, self-loathing, or deviant sexual imagery (Ryan et al., 1987). While some juveniles who sexually offend may come across as charming and full of social graces, in reality, most do not have the ability to process normal social relationships (Ryan et al., 1987). A child who has been abused and gone on to perpetuate the cycle of abuse generally has difficulty establishing typical social relationships and determining what the boundaries are regarding friendship, affection, and sex (Ryan et al., 1987). Therefore, it is important that they be surrounded by models of healthy, normal social relationships and that they receive assistance in learning how to form acceptable social bonds (Ryan et al., 1987).

As previously noted, juvenile sex offenders with cognitive disabilities pose further complications within the criminal justice system and often warrant more extensive attention than offenders without disabilities (Gardner & Griffiths, 2004). Such adolescents may have an even great difficulty relating any abuse they may have suffered and they can face great obstacles in understanding that inappropriate, sexually aggressive behaviors they have exhibited are wrong (Gardner & Griffiths, 2004). The needs of juvenile sex offenders with cognitive disabilities will quite possibly involve integrating specialists who are further trained in dealing with adolescents with below average cognitive abilities (Gardner & Griffiths, 2004). Cognitive disability is a concept that is not well-defined and there is a broad spectrum of disorders from which children can suffer (WebAIM, 2009). However, because adolescents with cognitive disorders do not process information, problem-solve, or comprehend or express written and verbal communication in the same manner as "typical" children (WebAIM, 2009), their needs within the criminal justice system are slightly different than other juveniles and must be taken into consideration when determining treatment options (Gardner & Griffiths, 2004).

MANAGEMENT OF RISK FACTORS

In 1996, a national survey found that 80% of juveniles who admitted to sexual offending had previously engaged in a non-sexual form of assault (Weinrott, 1997). To date, research indicates that juveniles who sexually offend share several problems which include trouble with school, emotional and mental health issues, and the most notably, history of abuse, typically of a sexual nature (Concepcion, 2004). Because of their young age, it is important to deal adequately with the factors that put them at risk for re-offending. Doing so may seem at odds with protecting the community; however, working with what is best for the offender actually protects society better, in the end (Concepcion, 2004). By exploring risk factors and how they impact treatment, the first step is taken in determining what the most effective treatment will be for juveniles who sexually offend (Kelley, Lewis, & Sigal, 2004). Examining how risk factors work in regard to treatment, facilities and therapists can provide better therapeutic outcome that address the underlying issues related to juvenile sexual offending, as opposed to simply punishing their behavior (Kelley et al., 2004).

The process of risk assessment begins immediately once a juvenile has been identified as having perpetrated sexually aggressive or abusive behavior (Witt, Bosley, & Hiscox, 2003). They generally enter the system after an arrest or after the child protection agency has been called in to investigate (Witt et al., 2003). Once the juvenile is in custody, determining the risks associated with him/her becomes a priority in an effort to determine the next step in dealing with them (Witt et al., 2003). Risk assessment evaluates the following: whether or not the juvenile can remain in the community, and if so, what level of supervision is indicated; the intensity of treatment interventions; whether or not there is a high level of future offenses; and whether the juvenile requires placement in a criminal facility, a residential treatment program, foster care, or can remain at home and receive outpatient therapy (Witt et al., 2003).

Presently, there are no empirically-based methods in place for assessing juvenile sex offenders and evaluating their risk factors (Prescott, 2004). Contemporary methods of risk assessment and treatments are based largely upon strategies developed for adults (Prescott, 2004). Those who work in the criminal justice system—clinicians, protective service workers, and representatives of the legal system—are often expected to offer their opinion, assessment, and prediction regarding juvenile sexual offenders (Prescott, 2004). This is usually a difficult task, given the lack of uniform processes that have been empirically

proven to determine risk factors and indicate the likelihood of recidivism (Prescott, 2004). Therefore, there remain extreme limitations in regard to assessing juvenile sexual offenders and predicting their changes of re-offending, both of which can have a negative impact on the method of treatment chosen for each individual (Prescott, 2004).

One current tool used to review risk factors is the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) (Prentky & Righthand, 2003). The J-SOAP-II is a checklist developed to assist in the in the methodical review of risk factors that professionals have determined to be associated with juvenile sexual and criminal offending (Prentky & Righthand, 2003). The J-SOAP-II is geared toward males between the ages of 12 and 18 who have been found guilty of a sexual offense, as well as for non-adjudicated youths who have exhibited sexually aggressive behavior (Prentky & Righthand, 2003). Although the designers of the J-SOAP-II point out that it should not be used as the lone tool in determining a juvenile's risk of re-offending, they intend for it to be used as a guideline in helping evaluate risk factors in an effort to better treat offenders (Prentky & Righthand, 2003).

Prentky and Righthand (2003) include the caveat for those who utilize the J-SOAP-II, or any other means of evaluation for offenders, which is that those conducting the assessment have a responsibility to not only the community, but to the offender as well. Prentky and Righthand (2003) assert that the stakes are very high when evaluating sex offenders—in particular when dealing with juveniles who have committed sexual offenses. There is a fine line between protecting the general population "from genuinely high-risk youths, while on the other hand, possibly resulting in severe, life-altering consequences for low-risk youths" (Prentky & Righthand, 2003, p. 4). It is important to remember that juveniles are in a state of development, and that no aspect of them is yet complete; therefore, they must be viewed as unstable, moving targets that are in a state of flux (Prentky & Righthand, 2003, p. 4). Because of the organic nature of adolescence, Prentky and Righthand (2003) suggest that not only should professionals who utilize the J-SOAP-II be very familiar of the challenges involved in evaluating juveniles, they need also to be aware of the limitations of the J-SOAP-II and the tool be used to re-assess at a minimum of every 6 months.

Prentky and Righthand (2003) developed their tool based upon reviews that highlighted five important areas in juvenile offending: clinical studies of juvenile sex offenders; risk assessment and outcome studies of juvenile sex offenders; risk assessment and outcome studies of adult sex offenders; risk assessment and outcome studies of juvenile delinquency in general; and risk assessment studies on diverse populations of adult offenders. From there, they developed the J-SOAP-II, which is an experiment scale that consists of 23 categories which represent 4 sub-scales (Prentky & Righthand, 2003). Prentky and Righthand (2003) intended for the scales to represent the two major domains that are important for risk assessment with juvenile sex offenders, the first of which is sexual drive and sexual preoccupation, and the second of which is impulsive, antisocial behavior, as well as the two major areas that could potentially signal a change in behavior, which are clinical/treatment and community adjustment.

Another tool that is emerging and being tested as a means of assessing risk in juvenile sex offenders is the Estimate of Risk of Adolescent Sexual Offense Recidivism, or ERASOR (Prescott 2004). The ERASOR is a research-based checklist designed to aid in estimating the short-term risk of re-offending in juveniles between the ages of 12 and 18 (Worling, 2004). The ERASOR works by presenting unbiased coding instructions for 25 risk factors, 16 of which are dynamic with the remaining 9 static (Worling, 2004). Psychometric properties of ERASOR were determined by 28 clinicians who evaluated 136 adolescent males between 12 and 18 years of age using wide-ranging, quantifiable assessments (Worling, 2004). Early results regarding inter-rater agreement, item-total correlation, and internal consistency were found to support the reliability of the ERASOR, and the tool indicated suitable results when discerning between juveniles who have been found guilty of a sexual offense and non-adjudicated youths who have exhibited inappropriate sexually aggressive behavior (Worling, 2004).

A third assessment tool gaining in popularity is the Protective Factors Survey, or PFS (Prescott, 2004). The PFS has just concluded its phase IV field test as part of an ongoing effort to determine reliability and validity (FRIENDS, 2009). The PFS is unique in that it is a collaborative effort between the FRIENDS National Resource Center for Community-Based Child Abuse Prevention and the University of Kansas Institute for Educational Research and Public Service, in conjunction with parents, administrators, employees, researchers, experts who specialize in the area of family support, and many others who understand and deal with maltreatment and psychological measurement (FRIENDS, 2009).

The Protective Factors Survey uses self-administered pre- and post- evaluation surveys with caregivers who receive child maltreatment prevention services (FRIENDS, 2009). The surveys provide feedback to agencies as they attempt to find ways to improve the services they offer, which include the evaluation of risk factors in juvenile sex offenders (FRIENDS, 2009). The PFS evaluates protective factors in five areas: family functioning and resiliency; social support; concrete support; nurturing and attachment; and knowledge of parenting and child development (FRIENDS, 2009). PFS pre- and post- evaluation survey results endeavor to help service providers determine what is effective and what needs to be changed in regard to ways in which they evaluate and treat offenders (FRIENDS, 2009). By identifying problem areas, the PFS helps evaluators of juvenile offenders focus on improving protective factors for juveniles and their families (FRIENDS, 2009).

Recidivism

RATES OF RECIDIVISM

Many people assume that juvenile sexual offenders will become persistent in their sexually aggressive behavior and become recidivist in their actions (Zimring, Piquero, & Jennings, 2007). Public policy indicates juvenile offenders are similar, if not the same, as adult offenders and treats them in the same manner (Zimring et al., 2007). In some instances, they are treated even worse than adults when they are denied the right to a trial by jury (Turoff, 2001). In other cases, juveniles who have sexually offended have been released back into the public and

have offended again (Langan, Schmitt, & Durose, 2003).

There is currently a debate taking place as to whether or not juvenile sex offenders should be registered in the same manner that adult sex offenders are registered (Craun & Kernsmith, 2006). People on either side of the argument see the issue of registry for juvenile sex offenders as flawed—for example, in the state of Illinois, by law, school officials are to be told when juvenile sex offenders enroll in their school (Casillas, 2005). However, many criminal justice services interpret the law differently, and some schools have discovered merely by chance that registered juvenile sex offenders are attending their school (Casillas, 2005). Such was the case for one mother in East Peoria, who, entirely by accident, found out that a 16-year-old boy who had been found guilty of sexually assaulting her 7-year-old son was actually in the same gym class as her older teen-age son (Casillas, 2005). In cases such as this one, parents and school officials feel that they have an obligation to protect children from juveniles who sexually offend, and the only way to do that is by creating and openly sharing a registry of offenders (Casillas, 2005).

The opposing side of this argument contends that by labeling juveniles as sexual offenders, society stigmatizes them, and by creating registries, troubled youth can become even more ostracized and less likely to pursue, stick with, and be successful in treatment (Fritz, 2003). A study on the registration of juvenile sex offenders in South Carolina determined that not only did registration of juveniles as sex offenders not act as deterrence, but in a small percentage of males, actually increased the risk of further charges (Letourneau, Bandyopadhyay, Sinha & Armstrong, 2009). Therefore, the issue of recidivism rates is clearly one which needs to be addressed by society in an effort to empirically determine how many juvenile sexual offenders actually re-offend.

The reality of recidivism rates within the juvenile sexual offender population is that there currently exists conflicting research regarding the likelihood of re-offending (Elkovitch, Viljoen, Scalora, & Ullman, 2008). Due to the fact that clinicians are often expected to determine the risk status of juvenile sex offenders without the aid of an empirically tested standardized assessment tool, it can be difficult to effectively assign juveniles to correct treatment programs (Prescott, 2004). Therefore, the accuracy of how juveniles are assigned to treatment plays a role in how likely they are to offend again once treatment has ceased (Elkovitch et al., 2008). Current researchers are attempting to determine rates of recidivism for juvenile sexual offenders despite the lack of standardized measurement tools and in spite of the fact that monitoring sexual offenses is fairly difficult.

These roadblocks make it difficult to establish concrete numbers on re-offending, which results in conflicting results. For example, one study conducted by Martinez, Flores, and Rosenfeld in 2007 concluded that rates of recidivism for juvenile sexual offenders were fairly low. Their study determined that approximately 19% of their sample criminally re-offended and 13% of the sample sexually re-offended (Martinez et al., 2007). Conversely, a study conducted in 2002 by Sjöstedt and Långström found a higher rate of 25% for criminal re-offending and 20% for sexual re-offending. This study determined that when sexual and violent non-sexual numbers were combined, 39% of past offenders committed future crimes (Sjöstedt & Långström, 2002).

The possibility of sample types and sizes, treatment types, the ways in which recidivism is measured, and other contributing factors having an impact on the results of recidivism studies, is something that most researchers admit and attempt to address with further evaluation (Elkovitch et al., 2008). Nonetheless, the fact remains that there simply does not currently exist solid empirical data on the rates at which juvenile sexual offenders re-offend.

EFFECTIVE TREATMENT PROGRAMS

Despite the lack of solid numbers regarding how many sexually aggressive adolescents re-offend after being released from treatment, there are instances in which treatments have proven to be successful. As the criminal justice system continues to move forward regarding effective assessment and treatment of juvenile sex offenders, it is important to ensure that evidence-based, effective programs are made available to minors as part of their treatment program.

Only within the past two decades have adolescent juvenile offenders begun to receive treatment that is geared toward their younger age (Patel, Lambie, & Glover, 2008). Historically, they have been treated as adults, often times punitively punished with no attention paid to the fact that they are still developmentally immature (Patel et al., 2008). Because sexually aggressive adolescents are so complex, the issue of their treatment continues to garner attention and clinicians have come to realize that programs must be specialized and personnel be highly trained if they are to be successful (Calley, 2007). In fact, current research indicates that the complexity of juvenile sexual offenders requires much more intensive treatment and longer engagement of the professionals involved than do typical juvenile offenders (Calley, 2007). Proper treatment and evidence-based intervention are the key factors when dealing with juvenile sexual offenders; failure to design and implement effective programs staffed by trained personnel increases the likelihood that sexually aggressive behavior in these youth will continue into adulthood (Calley, 2007). Not only will that lead to more innocent victims, it will also put a strain on the criminal justice system (Calley, 2007).

Those working with juveniles in treatment programs often face multiple trials when working with juvenile sex offenders (Patel et al., 2008). Adolescents who have been caught abusing another often live in denial of their inappropriate behavior; they will most likely challenge the assessment that they belong in treatment and may exhibit attitudes of resentment, anger, and disinterest regarding the process (Patel et al., 2008). Therapists may very likely be facing an ambivalent and distrustful client who lacks the emotional maturity to comprehend that he or she needs to be in treatment (Patel et al., 208). This can make progress even more difficult than anticipated.

As of 1994, there were over 800 treatment providers for juvenile sexual offenders and those numbers have increased (Nelson, 2007). The goal behind treatment programs is to prevent re-offending with the hope of re-integrating the juvenile back into society with the ability to cope and manage the factors

behind their abusive behaviors (Efta-Breitbach & Freeman, 2004). Cognitive-behavioral treatment is currently used frequently and is believed to be useful in modifying juvenile offenders' thought processes and actions (Nelson, 2007). This type of therapy involves the juvenile working on relapse deterrence, modifying distorted thoughts regarding their beliefs, building empathy, improving impulse control, working on appropriate social skills, managing anger, and learning sex education as well as the ways sex fits into a healthy relationship (Efta-Breitbach & Freeman, 2004). Cognitive-behavioral therapy has shown success in helping juveniles to "re-train" their brain to think a certain way which, in turn, impacts their behavior (Efta-Breitbach & Freeman, 2004).

Another model of therapy that is popular and shows empirical support for the recidivism rates of juveniles who have sexually offended is multisystemic therapy (Borduin, Schaeffer, Heiblum, 2009). Multisystemic therapy approaches juvenile dysfunction as more than just their sexual deviance; the offender is viewed within the context of their larger environment and as part of a system (Henggeler et al., 2009). Empirical research indicates this form of therapy can be effective because it involves the offender's family, peers, and community as part of an interrelated system, all of which impact one another (Henggeler et al., 2009). Hence, the deviant nature of the offender's beliefs is not the only issue addressed; his/her relationships with external influences are examined in an effort to see the offender as an entire being, not just a sexual offender (Henggeler et al., 2009). It is believed that when all aspects of an offender's life and influences are studied, more potential for effective change can be determined (Borduin et al., 2009).

Not only are types of treatments important, but treatment modalities are in need of further study as well. To date, very little research exists on the most effective form of treatment delivery (Efta-Breitbach & Freeman, 2004). Standard modalities generally begin with individual therapy, which can be effective in making the juvenile feel as if they have a safe place in which they can discuss personal abuse, offenses they have committed, and where they can work on accepting responsibility for their behavior and changing deviant thoughts and beliefs (Efta-Breitbach & Freeman, 2004).

Group therapy is also popular and can be an important means by which juveniles learn from others' experiences, setbacks, and growth (Efta-Breitbach & Freeman, 2004). There is also a peer-to-peer aspect of group therapy that benefits adolescents (Nelson, 2007). Receiving advice from peers who have lived through similar situations and survived comparable circumstances can often be a more effective means of education for adolescents—they may tend to feel less like they are being lectured and more like they are among friends (Nelson, 2007). Group therapy can also help to alleviate some of the feelings of isolation that many juveniles face, particularly those who were abused prior to offending (Nelson, 2007).

Family therapy is utilized when possible as a means of treatment for juvenile sexual offenders (Efta-Breitbach & Freeman, 2004). Family therapy is typically part of multisystemic therapy, in which program personnel believe "that behavior problems are multidetermined and multidimensional and that interventions may need to focus on any one or combination of systems" (Borduin, Henggeler, Blaske, & Stein, 1990, p. 5). By including a juvenile offender's family in therapy, cognitive processes influenced by the family unit can be deconstructed and rebuilt, and issues such as parental supervision, family cohesion, denial of responsibility, and importance of appropriate boundaries can be addressed (Borduin et al., 1990).

Lastly, because so little data exists on what kinds of therapy are most effective in reducing recidivism of juvenile sexual offenders, it has become more acceptable in recent years to work with experimental treatments when dealing with this population (Longo, 2004). Because clinicians better understand that adolescents are not miniature adults, but are instead resilient, growing, maturing beings that generally have a large capacity for recovering from trauma, more attention and leniency are being given to alternative approaches to therapy (Longo, 2004). One example is a study that was conducted to evaluate the effect of yoga and meditation on the mental health of adolescent sex offenders (Derezotes, 2000). The purpose of the study was to determine the impact of including yoga and meditation techniques in conjunction, not in place of, existing therapy (Derezotes, 2000). The conclusion was reached that the addition of yoga and meditation created a positive impact on the overall outcome of juveniles who routinely participated in sessions (Derezotes, 2000). The adolescents involved reported feeling higher levels of trusting relationships with instructors; felt more empowered after learning methods of independent self-control and self-care; experienced value in developing the ability to calm and direct their minds; and enjoyed the sense of relaxation and actually viewed the relaxed state of consciousness as its own reward (Derezotes, 2000).

A second alternative form of therapy, art therapy, was studied in a group of serious juvenile offenders (Persons, 2009). This study indicated that the participants in art therapy found the ability to express themselves through art, rather than words, to be very beneficial (Persons, 2009). Rather than the expected resistance to therapy, this study found that the boys who participated—most of whom had committed very violent offenses—eagerly engaged in drawing, which led to expressive role playing, which led to open discussion of their hopes, fears, and physical and sexual abuse (Persons, 2009). To these violent juvenile offenders, art therapy meant movement, expression, reflection, concentration, stress-relief, less boredom, and an overall sense of higher self-confidence, all of which are positive steps toward effective change (Persons, 2009).

A third study worth mentioning is not related to a specific type of therapy, but is important to the topic nonetheless. Researchers sought to interview adolescent sexual offenders who had moved on past treatment and successfully re-integrated back into society (Franey, Viglione, Wayson, Clipson, & Brager, 2004). The goal of the researchers was to determine what it was about therapy that most helped the offenders and get their input as to what improvements need to be made (Franey et al., 2004). Franey et al. (2004) acknowledge that most studies focus on recidivism rates and reasons for re-offending; instead, this group of researchers wished to find out what does work directly from the juveniles who went through treatment and were considered to be successful.

In this study, participants were encouraged to discuss

their lives prior to, during, and post treatment, which was a 2-year day program (Franey et al., 2004). What they discovered is that despite having completed treatment, the juveniles continued to deal with many of the same issues that troubled them before entering the program, such as poor social skills, dysfunctional families, and negative peer pressure (Franey et al., 2004). All of the participants spoke of feeling guilt and embarrassment over the abuse they had perpetrated, and all were visibly uncomfortable upon returning to the site of their therapy (Franey et al., 2004). Most expressed the desire to "move on" and put their past as "sexual offenders" behind them (Franey et al., 2004).

However, almost all of the participants were passionate when discussing the reasons they had taken part in therapy, and most were eager to talk about the elements of treatment they had found particularly helpful (Franey et al., 2004). The participants talked about the importance of structure that therapy had provided, the benefits of peer support, the value of open communication—part of which entailed active listening skills—and the significance of therapeutic relationships in their treatment (Franey et al., 2004). The participants labeled accountability as the single most important concept in their recovery; each one noted that they continued to rely on their ability to hold themselves responsible for their actions, which led to them feeling as if they had reached a new level of maturity (Franey et al., 2004).

Because so few studies interview juveniles after treatment, Franey et al. (2004) gave adolescent offenders the opportunity to act as experts. Their study attempted to understand the efficacy of treatment from the very people who had gone through it and found it to be successful; such qualitative methods can prove to be useful in determining which aspects of particular programs are and are not effective (Franey et al., 2004). For example, the juveniles interviewed by Franey et al. (2004) felt that more emphasis should be place on teaching life skills, such as money management, dealing with relationships more effectively, and other factors involved in day-to-day living (Franey et al., 2004). By conducting further research of this kind, clinicians and researchers will be better able to improve existing treatment programs (Franey et al., 2004).

Conclusion

Because a high number of juvenile sexual offenders graduate to sexual crimes from non-sexual crimes, it is important to have an understanding of the factors involved that cause a juvenile to transition into sexual offending (Knight & Sims-Knight, 2004). Certain biological and environmental factors put a child at risk for becoming sexually aggressive, such as gender, mental or cognitive deficits, a dysfunctional family life, exposure to abuse, or having been subjected to abuse themselves (Hanser & Mire, 2008). It is important that the criminal justice system understands these risk factors and has a handle on how to best help juvenile offenders as well as their victims.

Although the focus on juvenile sexual offending is relatively new, there exists approximately two decades worth of research that can serve as a foundation for study. In spite of the current research, much more needs to be done on the etiology and course of juveniles who are sexually aggressive (Knight & Sims-Knight, 2004). Evaluation of existing empirical research and the continuation of data collection are imperative to understanding and dealing with youth who sexually offend (Knight & Sims-Knight, 2004). As numbers of reported offenses rise, society must take a critical look at the factors that contribute to juveniles sexually offending, remain aware of the types of crimes they commit, and determine the most effective methods of dealing with them.

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